

## **GOALS & SOLUTIONS: A USEFUL DISTINCTION**

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It seems to me that there is a useful distinction to be drawn between two words — often confused — that are quite useful in SFBT: “goal” and “solution.” Certainly there are some similarities in how we use the two terms but for me they have developed some crucial differences.

For the man-in-the-street, the sentence: “I want to stop drinking” seems to be a goal-like statement. If the man on the next corner were to say this to me, I would know exactly what he means. Similarly, if he were to say “I am trying to stop drinking.” In some ways this second sentence is even more of a goal-like statement and I easily understand: Not only does he want to stop drinking but he is doing something about it although he has not yet stopped and perhaps is not having an easy time of it. But he is making the effort. I will certainly make some response acknowledging his efforts and wishing him the best of luck.

There would be a slight, but significant difference in the situation were this man to be my client saying to me “I want to stop drinking.” While there remains some goal-like aspects to the sentence, in the therapeutic context it takes on a different meaning. In general, when people come to therapy they are wanting some help with something they are finding difficult. It is not likely that his wanting to stop drinking is a recent development. It is far more likely that he has been trying to stop drinking for some time but has found it difficult and, perhaps, he sees himself and others also see him as having failed to successfully stop drinking, at least at this time. Thus, for me, in the therapy context, this sentence becomes more a complaintlike statement than a goal-like one. Thus I — as therapist — need to explore further what the client wants.

Of course in the therapy context the client may consider this to be a goal statement. But, as a goal, it raises interesting questions particularly around the difficulty of knowing whether or not it has been reached. Suppose you were to stop drinking tomorrow. How would you know this? How could you ever be sure that you will not start drinking again the next day? AA is not wrong about this: If you are going to stop drinking you can only do it one-day-at-a-time since you can never have any confidence about the next day. As we all know, stopping something is the most difficult way to make a change. The same concerns are involved in many goal-like statements that clients make within the therapy context such as: I want to stop being depressed, I want Johnny to stop wetting the bed, etc.

Similarly with such a sentence as “I’m trying to stop drinking” which, in the therapy context, strongly suggests that the client is trying and failing. I will respond to the goal-like aspect of it and ask about what he has tried that has been most successful. Clearly, these goal-like statements fail to be goals simply because there is no way ever to know whether or not the person has been successful in reaching the goal.

The “miracle question” asks the client to assume that the “goal” has already been reached and asks the client to describe the consequences of this. Interestingly, what particular goal is met is not specified in the miracle question nor are what problems are solved named in the miracle question. In fact, the term “goal” is not used being replaced by the term “miracle happened.” Whatever it is that the client says in his

responses to the various parts of the miracle question is the beginning of a description of the solution. Of course it is easy, perhaps even natural and normal, for these responses to be less than wellformed. That is, the client usually is not going to be specific about what he will be doing instead of doing the problem(s). Initially, the miracle question usually prompts responses like “I will feel better” and “it will be like a monkey’s off my back” and “I’ll jump out of bed.” And, of course, “feeling better” is one of the typical, highly desired and normal results of the miracle but is much too vague to be useful. The question here is “what will ‘feeling better’ allow/prompt you to do that you are not doing now?”

Frequently nothing about the original goal-like complaint (I want to stop drinking) will be mentioned at all while the client describes the consequences of the miracle. As somebody once remarked upon seeing our work for the first time: “It is perfectly clear what is not being talked about.” And, there is no need to talk about problems and goals as the description of the consequences of reaching the goal via miracle develops since everybody knows what is not being talked about because all this talk is within the context of therapy. It is perfectly clear that therapist and client are talking about what will be happening and what he will be doing — instead of drinking — now that he has stopped drinking.

Of course the miracle does not happen in a vacuum and so it is at least useful, perhaps even necessary, to explore with the client how other people react to what he does. His wife’s reaction, for instance, is crucial. Obviously, if she were to react negatively to the changes, then these changes would probably be short lived. Her reactions — as long as he sees them as desirable — serve as rewards or reinforcements for the changes.

Thus, in SFBT, the concept of “goals” can be seen as subsumed within the concept of miracle and the consequences of the miracle (the consequences of reaching named or unnamed goal(s)) is called a “solution.” Thus, SFBT is not goal-focused but rather it is solution-focused.